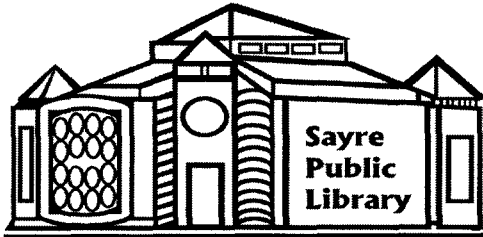


Received & Inspected

APR 10 2013

FCC Mail Room



122 South Elmer Avenue - Sayre, Pennsylvania - 18840

Susan DePumpo Robinson, M.Ed.
Library Director

570. 888-2256 www.sayrepl.org

April 4, 2013

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

RE: Request for Waiver
Sayre Public Library E-rate for Telecommunications

Dear Ms. Dortch:

I am requesting a waiver for the Sayre Public Library. We missed the 470 Deadline which in turn effected the Form 471 deadline. We submitted the 470 Form on February 14, 2013 and submitted the Form 471 on April 4, 2013.

We have several special circumstances for missing the deadline- the circumstances include: staff illness, bad weather, and interior maintenance issues where we did not have internet access. We are poor library and depend on the 70% e-rate discount to make ends meet.

Background Sayre PA

The Sayre Public Library is located in a downtown borough 65 miles from Scranton, PA. This is poor rural community with approximately 6,000 citizens living within a 1 mile radius of the library. Twelve percent of the population lives below the poverty line and approximately 50% of the public school population receives free or reduced lunch. Over 65,000 people live within a 25 mile radius of the library.

As of December 31, 2012, the library had 7,480 patrons The library is well utilized, as it provides books, videos, public access computers, literacy classes, and a variety of educational workshops including: basic computer classes for seniors, preschool pre-reading programs, reading programs for school age children, and numerous seminars for the adult population.

The Sayre community demographics have changed dramatically since the 2000 census. The community has had a vast increase in Spanish speakers due the natural gas exploration of the Marcellus Shale, a major source of natural gas. The community has an influx of gas workers that are non native English speakers. The Sayre Public Library also is conveniently located across the street from the Guthrie Health Center, a large teaching hospital serving the northern tier of Pennsylvania and the southern tier of New York. As the hospital employs a significant number of the non native English speakers generally their family members speaker Hindi or Urdu.

No. of Copies rec'd _____
List ABCDE _____

0

Our phone is well used by staff and patrons. We have only two phone lines one designated as a call line and the other designated as a fax line.

Request for Waiver

I have spoke with USAC at length and was advised that you have the ability to grant the Library a waiver. I am very sorry we missed the deadline. We are small library in a poor rural community that has participated in this program for a number of years.

I hope this request for the waiver will be granted. Please contact me at 570.888.2256 with any questions.

Thank you,

A handwritten signature in cursive script, appearing to read "Susan Robinson".

Susan Robinson

COPY FOR

FCC

Submitted after deadline

Received & Inspected

APR 10 2013

FCC Mail Room

FCC Form 471

Approval by OMB

3060-0806

**Schools and Libraries Universal Service
Description of Services Ordered and Certification Form 471**

Estimated Average Burden Hours per Response: 4 hours

This form is designed to help schools and libraries to list the eligible services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (You can also file online at www.usac.org/sl.)

The instructions include information on the deadlines for filing this application.

Applicant's Form Identifier (Create an identifier for your own reference) sayrepl	Form 471 Application #: 921511 (To be assigned by administrator)						
Block 1: Billed Entity Address and Identifications							
1 Name of Billed Entity SAYRE PUBLIC LIBRARY 2 Funding Year 2013 3a Entity Number 126046 3b FCC Registration Number 00141505444 4a Street Address, P.O. Box, or Route Number 122 S ELMER AVE City SAYRE State PA Zip Code 18840-2006 4b Telephone Number (717) 888-2256 4c Fax Number 5a Type of Application (check only one) <input type="radio"/> Individual School (individual public or non-public school) <input type="radio"/> School District (LEA; public or non-public [e.g. diocesan] local district representing multiple schools) <input checked="" type="radio"/> Library (including library system, library outlet/branch or library consortium as defined under LSTA) <input type="radio"/> Consortium (intermediate service agencies, states, state networks, special consortia of schools and/or libraries) <input type="radio"/> Statewide application for (enter 2-letter state code) representing (check all that apply) <input type="checkbox"/> All public schools/districts in the state <input type="checkbox"/> All non-public schools in the state <input type="checkbox"/> All libraries in the state 5b Recipient(s) of Services: <table border="1"> <tr> <td><input type="checkbox"/> Private</td> <td><input checked="" type="checkbox"/> Public</td> <td><input type="checkbox"/> Charter</td> </tr> <tr> <td><input type="checkbox"/> Tribal</td> <td><input type="checkbox"/> Head Start</td> <td><input type="checkbox"/> State Agency</td> </tr> </table>		<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Charter	<input type="checkbox"/> Tribal	<input type="checkbox"/> Head Start	<input type="checkbox"/> State Agency
<input type="checkbox"/> Private	<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Charter					
<input type="checkbox"/> Tribal	<input type="checkbox"/> Head Start	<input type="checkbox"/> State Agency					
Entity Number: 126046	Applicant's Form Identifier: sayrepl						
Contact Person: Susan Robinson	Contact Phone Number: (570) 888-2256						
Block 1: Billed Entity Address and Identifications (continued)							
6a Contact Person's Name Susan Robinson If the Contact Person's Street Address is the same as Item 4 above, check here. <input type="checkbox"/> If not, complete Item 6b . 6b Street Address, P.O. Box, or Route Number NOTE: USAC will use this address to mail correspondence about this form. 122 S ELMER AVE City SAYRE State PA Zip Code 18840-2006 Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided. <input checked="" type="checkbox"/> 6c Telephone Number (570) 888 - 2256 <input type="checkbox"/> 6d Fax Number (570) 888 - 3355 <input type="checkbox"/> 6e E-Mail Address sayrelibrarydirector@stny.rr.com Re-enter E-mail Address sayrelibrarydirector@stny.rr.com 6f Holiday/vacation/summer contact information: please							

include name of alternate contact (if applicable) and alternate phone, fax or E-mail address n/a
If a consultant is assisting you with your application process, please complete Item 6g below:
 Consultant Name Name of Consultant's Employer Consultant's Street Address City State Zip Code Consultant's Telephone Number Ext. Consultant's Fax Number Consultant's E-mail Address Re-enter E-mail Address Consultant Registration Number

Entity Number: 126046

Applicant's Form Identifier: sayrepl

Contact Person: Susan Robinson

Contact Phone Number: (570) 888-2256

Complete this information on EVERY Form 471 you file for the services requested on that form. Please complete all rows that apply to services for which you are requesting discounts.

Schools/school districts complete the left-hand column and libraries complete the right-hand column. Consortia complete all that apply.

Block 2: Impact of Services Ordered for Schools and Libraries from this Form 471

	Schools	Libraries
7a Number of students or patrons to be served	0	7000
b Telephone service: Number of classrooms or rooms with phone service	0	3
c Direct connections to the Internet: Number of drops	0	1
d Number of classrooms or rooms with Internet access	0	1
e Number of computers or other devices with Internet access	0	10
f Number of dial-up Internet access and other connections of up to 200 kbps :	0	0
g High-speed Internet access services: Number of buildings served at the following speeds (please use advertised download speed coming into building, not		
At or greater than 200 kbps and less than 1.5 mbps	0	0
At or greater than 1.5 mbps and less than 3 mbps	0	1
At or greater than 3 mbps and less than 10 mbps	0	0

Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.											
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by the number of outlets/branches. Enter the result in Column 15.					70						
CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.											

er:	Applicant's Form Identifier:
on:	Contact Phone Number:

Block 4: Discount Calculation Worksheet Worksheet - 1613233

Page 2 of 2

The Block 4 worksheet is used to calculate your discount for services. You will complete one or more worksheets depending on the type of application you are filing. If you file more than one worksheet, please number the completed worksheets to assure that they are all processed correctly. Please refer to the instructions for information specific to the Type of Application you indicated in Block 1, Item 5.

☐ Check here if this worksheet contains all eligible entities in the school district or library system.

9a List entities and calculate discount(s):

(For Administrator's Use)

School District or Library System Name: School District or Library System Entity Number:

1	2	3	4	5	6	7	8	9	10	
Name of Eligible Entity	Entity Number AND NCES Code (for Schools) or FSCS Code (for Libraries)	Urban or Rural U or R	Total Number of Students	Number of Students Eligible for NSLP	Percent of Students Eligible for NSLP (Col 5 / Col 4)	Disc from Disc Matrix	New Construction	Admin Entity or NIF	Alt Disc Mech	Weigh for C Share (Col
SAYRE PUBLIC LIBRARY	126046 pa 0244 002	R	1086	496	45.672%	70	N	N	N	

9b Shared Services

SCHOOL DISTRICTS: (Including groups of schools within school districts.) Calculate the totals of Columns 4 and 11. Divide the total of Column 11 by the total of Column 4. Enter the result in Column 15.										
LIBRARY SYSTEMS: Calculate the total of Column 7. Divide this total by					70					

the number of outlets/branches. Enter the result in Column 15.

CONSORTIA: Calculate the total of Column 14. Divide this total by the number of member entities. Enter the result in Column 15.

Entity Number: 126046

Applicant's Form Identifier: sayrepl

Contact Person: Susan Robinson

Contact Phone Number: (570) 888-2256

Block 5: Discount Funding Request(s)

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Block 5, page 1 of 1

FRN 2551066

(to be assigned by administrator)

10 ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided:

11 Category of Service (only ONE category should be checked)

PRIORITY 1

☒ Telecommunications Service

PRIORITY 2

☐ Internal Connections Other than Basic Maintenance

☐ Internet Access

☐ Basic Maintenance of Internal Connections

12 Form 470 Application Number

970600001132149

13 SPIN – Service Provider Identification Number

143034501

14 Service Provider Name

Verizon North LLC

15a ☒ Check this box if this Funding Request is for non-contracted tariffed or month-to-month

23 Calculations

Recurring Charges

A. Monthly charges (total amount per month for service)

\$90.00

B. How much of the amount in A is ineligible?

\$0.00

C. Eligible monthly pre-discount amount (A minus B)

\$90.00

D. Number of months service provided in funding year

12

E. Annual pre-

services.		discount amount for eligible recurring charges (C x D)
15b Contract Number		\$1,080.00
MTM		
15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).		F. Annual non-recurring charges
15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here:		\$0.00
16a Billing Account Number (e.g., billed telephone number)	Non-Recurring Charges	G. How much of the amount in F is ineligible?
570 8882256		\$0.00
16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.		H. Annual eligible pre-discount amount for non-recurring charges (F minus G)
17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) (based on Form 470 filing)		\$0.00
03/26/2013		
18 Contract Award Date (mm/dd/yyyy)		I. Total funding year pre-discount amount (E + H)
19 Service Start Date (mm/dd/yyyy)		\$1,080.00
07/01/2013		
20a Service End Date (mm/dd/yyyy)	Total Charges	J. Discount from Block 4 Worksheet
06/30/2014		70.00
Contract Expiration Date		K. Funding Commitment Request (I x J)
20b (mm/dd/yyyy)		\$756.00

21 Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment

You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment telecommunications Number, and note number in space provided.

22 Entity/Entities Receiving This Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: 126046

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

Entity Number: 126046

Applicant's Form Identifier: sayrepl

Contact Person: Susan Robinson

Contact Phone Number: (570) 888-2256

Block 6: Certifications and Signature

24 ☒ I certify that the entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)

a ☐ schools under the statutory definitions of elementary and secondary schools found in the **No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38)**, that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or

b ☒ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

25 ☒ I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a Total funding year pre-discount amount on this Form
471

1080

(Add the entries from Items 23I on all Block 5 Discount Funding Requests.)	
b Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	756
c Total applicant non-discount share (Subtract Item 25b from Item 25a.)	324
d Total budgeted amount allocated to resources not eligible for E-rate support	0
e Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	324
f <input type="checkbox"/> Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.	
<p>26 <input type="checkbox"/> I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.</p> <p>Or <input checked="" type="checkbox"/> I certify that no technology plan is required by Commission rules.</p> <p>27 <input checked="" type="checkbox"/> I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.</p> <p>28 <input checked="" type="checkbox"/> I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.</p>	

29 ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.

30 ☒ I certify that I and the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

Entity Number: 126046

Applicant's Form Identifier: sayrepl

Contact Person: Susan Robinson

Contact Phone Number: (570) 888-2256

Block 6: Certification and Signature (Continued)

31 ☒ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.

32 ☒ I certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.

33 ☒ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the

United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.

34 ☒ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

35 ☒ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).

36 ☒ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years as required by the Commission's rules at 47 C.F.R. § 54.506(c).

37 ☒ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38 Signature of
authorized
person ☐

39 Date

40 Printed name
of authorized
person Susan Robinson

41 Title or position
of authorized
person library director

☐ Check here if the consultant in Item 6g is the Authorized Person.

42a Street Address, P.O. Box, or Route Number

122 S. Elmer Ave.

City Sayre

State PA Zip Code 18840-

Entity Number: 126046

Applicant's Form Identifier: sayrepl

Contact Person: Susan Robinson

Contact Phone Number: (570) 888-2256

42b Telephone Number Ext.

of authorized

Person (570) 888-2256

42c Fax Number of Authorized Person

(570) 335-3355

42d E-mail Address

of authorized

Person sayrelibrarydirector@stny.rr.com

Re-enter E-mail Address sayrelibrarydirector@stny.rr.com

42e Name of Authorized

Person's Employer Sayre Public Library

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R. § 54.504(c).

The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or

implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471

P.O. Box 7026

Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms

ATTN: SLD Form 471

3833 Greenway Drive

Lawrence, Kansas 66046

(888) 203-8100

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